

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024953

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

383

Primary Registration District No.

3037 3037

Registrar's No.

275

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 3 1963

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Vernon</u>		c. CITY OR TOWN <u>Mt. Vernon</u>	
Length of stay in 1b <u>8 wks.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>106 W. Thurman</u>		d. STREET ADDRESS (If outside, give location) <u>904 So. Market</u>	
3. NAME OF DECEASED (Type or print) First <u>Fred</u> Middle <u>Mieswinkel</u> Last <u>Mieswinkel</u>		4. DATE OF DEATH Month <u>6</u> Day <u>26</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-23-1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <u>Unknown</u>		11b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		13. INFORMANT <u>Della Mieswinkel - Mt. Vernon, Mo.</u>	
14. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cachexia</u> DUE TO (b) <u>Adenocarcinoma of Stomach</u> DUE TO (c) <u>9th Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I <u>Hypertension & Arteriosclerosis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
15. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	16a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	16b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
17. TIME OF INJURY Hour <u>midnight</u> Month, Day, Year <u>1940</u>		18. CITY, TOWN, OR LOCATION <u>Mt. Vernon, Mo.</u>	
19. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>1940</u> to <u>6/26/63</u> and last saw him alive on <u>6/26/63</u>		22. DATE SIGNED <u>6/27/63</u>	
23a. SIGNATURE <u>Benneth Glover MD</u>		23b. ADDRESS <u>Mt. Vernon, Mo.</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery - Mt. Vernon</u>		23d. LOCATION (City, town, or county) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Max L. Fossett - Mt. Vernon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-28-63</u>	
26. REGISTRAR'S SIGNATURE <u>Ray Grantham/Rw</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Max L. Farnell

Licensed Embalmer No.

4252

P. O. Address

Milverson, Mea

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.